Patient Education
May 2003

1: Can J Cardiol 2003 Mar 31;19(4):357-64
CCORT/CCS quality indicators for congestive heart failure care.

Lee DS, Tran C, Flintoft V, Grant FC, Liu PP, Tu JV; Canadian Cardiovascular Outcomes Research Team/Canadian Cardiovascular Society Heart Failure Quality Indicator Panel.
University of Toronto, Toronto, Canada.

BACKGROUND: Quality indicators are measurement tools for assessing the structure, processes and outcomes of care. Although quality indicators have been developed in other countries, Canadian cardiovascular disease indicators do not exist. OBJECTIVE: To develop quality indicators for measuring and improving congestive heart failure (CHF) care in Canada. METHODS: An 11-member multidisciplinary national expert panel was selected from nominees from national medical organizations. Potential quality indicators were identified by a detailed search of published guidelines, randomized trials and outcomes studies. A two-step modified Delphi process was employed with an initial screening round of indicator ratings, followed by a national quality indicator panel meeting, where definitions of the indicators were developed using consensus methods. Indicators were designed to be measurable, using retrospective chart review and linking existing administrative databases. RESULTS: The case definition criterion was developed based on a discharge diagnosis of CHF (International Classification of Diseases, 9th revision [ICD-9] code 428.x), with diagnostic confirmation using clinical criteria. In total, 29 indicators and five test indicators were recommended. Process indicators included prescription for angiotensin-converting enzyme inhibitors, beta-blockers or warfarin (for atrial fibrillation) at hospital discharge. Nonpharmacological in hospital process indicators included evaluation of left ventricular function, weight measurement and selected patient education counselling instructions. Process indicators in the ambulatory setting included prescription and adherence to drug therapies and physician follow-up. Outcome indicators included mortality, readmissions and emergency visits. CONCLUSIONS: A set of Canadian quality indicators for CHF care encompassing organizational attributes, pharmacotherapy, investigations, counselling, continuity of care and disease outcomes has been developed. These quality indicators will serve as a foundation for future studies evaluating the quality of CHF care in Canada.

PMID: 12704479 [PubMed - indexed for MEDLINE]

2: Can J Cardiol 2003 Mar 31;19(4):413-7

Learning needs of patients with congestive heart failure.
Chan AD, Reid GJ, Farvolden P, Deane ML, Bisaillon S.

Department of Psychology, University of Western Ontario, London, Canada.

BACKGROUND: It is suggested that more effective and efficient educational intervention can be created by matching the program to patient learning needs. Previous attempts to determine the learning needs of patients with congestive heart failure (CHF) find all types of information endorsed as very important to learn. OBJECTIVES: To increase differentiation between patients' ratings of information needs by modifying the CHF Patient Learning Needs Inventory (CHFPLNI) and examined predictors of learning needs. METHODS: Thirty-four inpatients with CHF from the Toronto General Hospital, Toronto, Ontario completed the modified CHFPLNI and rank ordered the perceived importance of eight categories of CHF knowledge measured by the CHFPLNI. Patients also completed measures of emotional distress, fatigue, health beliefs, locus of control and current CHF knowledge. RESULTS: Ratings across all information categories were similar (M=4.4-5.3/7) and highly correlated (r=0.52-0.87). Patients indicated information on medication, cardiovascular anatomy and physiology, and treatment were the most important to learn on both the CHFPLNI and by rank ordering. Higher fatigue was correlated with information needs on diet (r=0.37), activity (r=0.37), psychological (r=0.38) and risk (r=0.37) factors. No other variables consistently predicted learning needs. CONCLUSIONS: Changing the format of the CHFPLNI did not increase the differentiation of patients' ratings across information categories. The assessment of patients' learning needs using extensive questionnaires does not appear warranted because simple rank ordering obtained similar information. Individuals who are more fatigued wanted more information on those aspects of care that they managed on a day-to-day basis.

PMID: 12704489 [PubMed - indexed for MEDLINE]

3: Clin J Oncol Nurs 2003 Mar-Apr;7(2):194-9

Patient education for women being fitted for breast prostheses.
Mahon SM, Casey M.
mahonsm@slu.edu

Women who undergo mastectomy or other types of breast surgery often will be fitted for breast prostheses for therapeutic weight replacement as well as cosmetic purposes. Nurses are instrumental in educating women about issues related to breast surgery and in helping to promote psychosocial adjustment to the diagnosis and subsequent treatment. Nurses often are involved in the referral process for breast prostheses. Prostheses and bras that fit properly can be very important in the recovery process and ultimately improve quality of life for cancer survivors. Unlike in the past, many choices are available today for women who opt to use breast prostheses. Prostheses come in different colors, shapes, and weights, and some adhere to the chest wall. Many options also are available for bras, camisoles, and swimsuits, which are helpful adjuncts to the fit of the prosthesis. The purpose of this article is to describe the fitting process and options currently available for breast prostheses. Nurses can use

this information to inform women of available breast prostheses options and help prepare them for a fitting.
PMID: 12696216 [PubMed - indexed for MEDLINE]
4: Clin J Oncol Nurs 2003;7(2 Suppl):14-23

How to find and evaluate Internet information.
Gomez EG.

Publication Types:
Review
Review, Tutorial

PMID: 12703094 [PubMed - indexed for MEDLINE]

5: Clin J Oncol Nurs 2001 Jul-Aug;5(4):181-2

Antioxidant supplements during cancer treatments: where do we stand?
Hamilton KK.

Teachers College, Columbia University, New York, NY, USA.

Chemotherapeutic agents operate through a number of different mechanisms; not all of them depend on ROS for their cytotoxic activity. Drugs with pharmacologic action that do not depend on ROS also are available; these are less susceptible to possible interference by antioxidants. In addition, caution should be exercised with investigational drugs whose mechanisms are being explored (Labriola & Livingston, 1999). Regardless, without studies specifically evaluating the impact that antioxidants have on cancer therapies, one still cannot confidently advise patients with cancer to supplement their diet with large doses of antioxidants for potential anticancer and protectant effects. It has been scientifically supported that antioxidants have a beneficial effect on reducing extraneous oxidative damage; so, based on what is known to date, an antioxidant-rich diet seems to be the most prudent advice when confronted with the advisability of supplementation during cancer therapy. In the near future, it is hoped that studies will further define the relationship between the many different cancer diseases, treatments, and supplemental antioxidants.

Publication Types:
Review
Review, Tutorial

PMID: 12690623 [PubMed - indexed for MEDLINE]

6: Clin J Oncol Nurs 2001 Jul-Aug;5(4):179-80, 184

Irinotecan hydrochloride.
Wilkinson K.

Publication Types:
Review
Review, Tutorial

PMID: 12690622 [PubMed - indexed for MEDLINE]

7: Clin J Oncol Nurs 2001 Jul-Aug;5(4):147-52

Cancer clinical trials in the new millennium: novel challenges and opportunities for oncology nursing.
Joshi TG, Ehrenberger HE.

Because oncology nurses in day-to-day practice are key to clinical trial conduct, current dynamics impacting drug development and the clinical trials community must be delineated and understood. Increasing cancer clinical trial complexity raises concerns for the preservation of appropriate roles and responsibilities of oncology nurses while ensuring quality care for those trial participants. Oncology nurses have the unique opportunity to lead the way by developing and embracing creative, innovative strategies to orchestrate clinical trial complexities and thus preserve the future of these trials and the ongoing development of chemopreventive and anticancer agents.

Publication Types:
Review
Review, Tutorial

PMID: 12690614 [PubMed - indexed for MEDLINE]

8: East Mediterr Health J 2001 May;7(3):519-25

Effect of pre-instruction on anxiety levels of patients undergoing magnetic resonance imaging examination.
Selim MA.

Faculty of Nursing, Kasr El-Ainy Hospital, Cairo, Egypt.

This study investigated differences in anxiety level of patients who received instruction prior to magnetic resonance imaging (MRI) compared to a control group that did not. Thus, 60 patients were randomly assigned to two groups. Patients in the study group received instructions designed by the researcher plus the routine hospital instructions, while the control group received the routine hospital instructions only. The State--Trait Anxiety Inventory was administered to both groups before and after MRI examination. Patients who received the designed instructions reported significantly lower levels of anxiety than the controls. The findings also indicated that 60% of the total sample used prayer to reduce anxiety. The study emphasizes the need for detailed information about the procedure and training in relaxation techniques.

Publication Types:
Clinical Trial
Randomized Controlled Trial

PMID: 12690774 [PubMed - indexed for MEDLINE]

9: Heart 2003 May;89 Suppl 2:ii31-2; discussion ii35-7

Drugs and professional interactions: the modern day pharmacist.

Petty D.

Pharmacy Practice and Medicines Management Group, School of Healthcare Studies, Baines Wing, University of Leeds LS2 9UT, UK. duncan@petty29.freeserve.co.uk

Pharmacists are not yet fully integrated into the primary health care team and their skills could be better used to help patients with their long term medicines. The government is encouraging the setting up of medicines management services. Community pharmacists are well placed to help patients who have cardiovascular disease or who are at risk of this: they have an opportunity to identify at-risk patients, they can identify under treated patients at the point of dispensing, and they can provide education and advice on lifestyle and diet. They are also involved in smoking cessation services. Practice based pharmacists can improve patient care through medication review clinics.

Publication Types:
Review
Review, Multicase

PMID: 12695434 [PubMed - indexed for MEDLINE]

10: Issue Brief (Commonw Fund) 2003 Apr;(620):1-9

Smallpox vaccinations: the risks and the benefits.
Conti R.

John F. Kennedy School of Government, USA.

PMID: 12693396 [PubMed - indexed for MEDLINE]

11: J Assoc Nurses AIDS Care 2003 Mar-Apr;14(2):41-51

Depression and HIV disease.
Valente SM.

University of Southern California, Los Angeles, California, USA.

Depressive disorders are common among 20% to 32% of people with HIV disease but
are frequently unrecognized. Major depression is a recurring and disabling illness that typically responds to medications, cognitive psychotherapy, education, and social support. A large percentage of the emotional distress and major depression associated with HIV disease results from immunosuppression, treatment, and neuropsychiatric aspects of the disease. People with a history of intravenous drug use also have increased rates of depressive disorders. Untreated depression along with other comorbid conditions may increase costly clinic visits, hospitalizations, substance abuse, and risky behaviors and may reduce adherence to treatment and quality of life. HIV clinicians need not have psychiatric expertise to play a major role in depression. Screening tools improve case finding and encourage early treatment. Effective treatments can reduce major depression in 80% to 90% of patients. Clinicians who mistake depressive signs and symptoms for those of HIV disease make a common error that increases morbidity and mortality.

Publication Types:
Review
Review, Tutorial

PMID: 12698765 [PubMed - indexed for MEDLINE]

12: J Nurs Res 2003 Mar;11(1):9-18

Depression and related factors in elderly patients with occlusion stroke.
Li SC, Wang KY, Lin JC.

Assistant Head Nurse, Medical Intensive Care Unit, Tri-Service General Hospital, Taiwan. scli.12@yahoo.com.tw

The purpose of this study was to examine depression and the related factors in elderly stroke patients. Purposive sampling was used to recruit 106 participants from the outpatients department (OPD) of a teaching hospital in Taipei. The major findings of this study were: (1) Twenty-nine stroke survivors (27.4%) and eight stroke survivors (7.5%) were classified as having mild depression and moderate to severe depression, respectively. (2) There was no significant difference or correlation between the depression score and demographic characteristics, chronic illness condition, or disease characteristics. The depression scores in " worrying about nothing " were significantly lower than the depression scores in " worrying about disease " (t = -4.03, p =.03). (3) There was no significant correlation between the depression score and the Mini-Mental State Examination score, or the Barthel Index score. (4) Social support and depression were negatively correlated (r = -.306, p =.001). (5) Multiple regression analysis revealed that " worrying about disease, " " worrying about family, " and informational support from family, relatives and friends accounted for 22.1% of the variance in depression. The implications for clinical practice and further studies are suggested.

PMID: 12695975 [PubMed - indexed for MEDLINE]

13: JAMA 2003 Apr 23-30;289(16):2083-93

Comment in:
JAMA. 2003 Apr 23-30;289(16):2131-2.

Effects of comprehensive lifestyle modification on blood pressure control: main results of the PREMIER clinical trial.

Appel LJ, Champagne CM, Harsha DW, Cooper LS, Obarzanek E, Elmer PJ, Stevens VJ,
Vollmer WM, Lin PH, Svetkey LP, Stedman SW, Young DR; Writing Group of the PREMIER Collaborative Research Group.

Department of Medicine, Johns Hopkins Medical Institutions, Baltimore, Md 21205-2233, USA. lappel@jhmi.edu

CONTEXT: Weight loss, sodium reduction, increased physical activity, and limited

alcohol intake are established recommendations that reduce blood pressure (BP). The Dietary Approaches to Stop Hypertension (DASH) diet also lowers BP. To date, no trial has evaluated the effects of simultaneously implementing these lifestyle recommendations. OBJECTIVE: To determine the effect on BP of 2 multicomponent, behavioral interventions. DESIGN, SETTING, AND PARTICIPANTS: Randomized trial with enrollment at 4 clinical centers (January 2000-June 2001) among 810 adults (mean [SD] age, 50 [8.9] years; 62% women; 34% African American) with above-optimal BP, including stage 1 hypertension (120-159 mm Hg systolic and 80-95 mm Hg diastolic), and who were not taking antihypertensive medications. INTERVENTION: Participants were randomized to one of 3 intervention groups: (1) "established," a behavioral intervention that implemented established recommendations (n = 268); (2) "established plus DASH,"which also implemented the DASH diet (n = 269); and (3) an "advice only" comparison group (n = 273). MAIN OUTCOME MEASURES: Blood pressure measurement and hypertension
status at 6 months. RESULTS: Both behavioral interventions significantly reduced weight, improved fitness, and lowered sodium intake. The established plus DASH intervention also increased fruit, vegetable, and dairy intake. Across the groups, gradients in BP and hypertensive status were evident. After subtracting change in advice only, the mean net reduction in systolic BP was 3.7 mm Hg (P<.001) in the established group and 4.3 mm Hg (P<.001) in the established plus DASH group; the systolic BP difference between the established and established plus DASH groups was 0.6 mm Hg (P =.43). Compared with the baseline hypertension
prevalence of 38%, the prevalence at 6 months was 26% in the advice only group, 17% in the established group (P =.01 compared with the advice only group), and 12% in the established plus DASH group (P<.001 compared with the advice only group; P =.12 compared with the established group). The prevalence of optimal BP (<120 mm Hg systolic and <80 mm Hg diastolic) was 19% in the advice only group, 30% in the established group (P =.005 compared with the advice only group), and 35% in the established plus DASH group (P<.001 compared with the advice only group; P =.24 compared with the established group). CONCLUSION: Individuals with above-optimal BP, including stage 1 hypertension, can make multiple lifestyle changes that lower BP and reduce their cardiovascular disease risk.

Publication Types:
- Clinical Trial
- Multicenter Study
- Randomized Controlled Trial

PMID: 12709466 [PubMed - indexed for MEDLINE]

14: JAMA 2003 Apr 16;289(15):1963-8

Improving the process of informed consent in the critically ill.
Davis N, Pohlman A, Gehlbach B, Kress JP, McAtee J, Herlitz J, Hall J.

Section of Pulmonary and Critical Care Medicine, the Pritzker School of Medicine, and the Office of Risk Management, University of Chicago, Chicago, Ill 60637, USA.

CONTEXT: Invasive procedures are often performed emergently in the intensive care unit (ICU), and patients or their proxies may not be available to provide informed consent. Little is known about the effectiveness of intensivists in

obtaining informed consent. OBJECTIVES: To describe the nature of informed consent in the ICU and to determine if simple interventions could enhance the process. DESIGN, SETTING, AND PATIENTS: Prospective study of 2 cohorts of consecutively admitted patients (N = 270) in a 16-bed ICU at a university hospital. All patients admitted to the ICU during the baseline period from November 1, 2001, to December 31, 2001, and during the intervention period from March 1, 2002, to April 30, 2002, were included. INTERVENTION: A hospital-approved universal consent form for 8 commonly performed procedures (arterial catheter, central venous catheter, pulmonary artery catheter, or peripherally inserted central catheter placement; lumbar puncture; thoracentesis; paracentesis; and intubation/mechanical ventilation) was administered to patients or proxies. Handouts describing each procedure were available in the ICU waiting area. Physicians and nurses were introduced to the universal consent form during orientation to the ICU. MAIN OUTCOME MEASURES: Incidence of informed consent for invasive procedures at baseline and after intervention; whether the patient or proxy provided informed consent; and understanding by the consenter of the procedure as determined by the responses on a questionnaire. RESULTS: Fifty-three percent of procedures (155/292) were performed after consent had been obtained during the baseline period compared with 90% (308/340) during the intervention period (absolute difference, 37.4%; P<.001). During baseline, the majority (71.6%; 111/155) of consents were provided by proxies. This was also the case during the intervention period in which 65.6% (202/308) of consents were provided by proxies (absolute difference, 6.0%; P =.23). Comprehension by consenters of indications for and risks of the procedures was high and not different between the 2 periods (P =.75). CONCLUSIONS: Invasive procedures are frequent in the ICU and consent for them is often obtained by proxy. Providing a universal consent form to patients, proxies, and health care clinicians significantly increased the frequency with which consent was obtained without compromising comprehension of the process by the consenter.

PMID: 12697799 [PubMed - indexed for MEDLINE]

15: MMWR Recomm Rep 2003 Mar 28;52(RR-6):1-8

Key clinical activities for quality asthma care. Recommendations of the National Asthma Education and Prevention Program.

Williams SG, Schmidt DK, Redd SC, Storms W; National Asthma Education and Prevention Program.

Division of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC, Atlanta, Georgia, USA.

In 1997, the National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute, published the second Expert Panel Report (EPR-2): Guidelines for the Diagnosis and Management of Asthma (National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 2: Guidelines for the diagnosis and management of asthma. Bethesda MD: US Department of Health and Human Services,
National Institutes of Health, 1997; publication no. 97-4051. Available at http://www.nhlbi.nih.gov/guidelines/ asthma/asthgdln.pdf). Subsequently, the NAEPP Expert Panel identified key questions regarding asthma management that

were submitted to an evidence practice center of the Agency for Healthcare Research and Quality to conduct a systematic review of the evidence. The resulting evidence report was used by the Expert Panel to update recommendations for clinical practice on selected topics. These recommendations (EPR-Update 2002) were published in 2002. (National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Guidelines for the diagnosis and management of asthma--update on selected topics 2002. J Allergy Clin Immunol 2002;110[November 2002, part 2]. Available at http://www.nhlbi.nih.gov/guidelines/asthma/index.htm). To improve the implementation of these guidelines, a working group of the Professional Education Subcommittee of the NAEPP extracted key clinical activities that should be considered as essential for quality asthma care in accordance with the EPR-2 guidelines and the EPR-Update 2002. The purpose was to develop a report that would help purchasers and planners of health care define the activities that are important to quality asthma care, particularly in reducing symptoms and preventing exacerbations, and subsequently reducing the overall national burden of illness and death from asthma. This report is intended to help employer health benefits managers and other health-care planners make decisions regarding delivery of health care for persons with asthma. Although this report is based on information directed to clinicians; it is not intended to substitute for recommended clinical practices for caring for persons with asthma, nor is it intended to replace the clinical decision-making required to meet individual patient needs. Readers are referred to the EPR-2 for the full asthma guidelines regarding diagnosis and management of asthma or to the abstracted Practical Guide (National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Practical guide for the diagnosis and management of asthma. Bethesda MD: US Department of Health and Human Services, National Institutes of Health, 1997; publication no. 97-4053. Available at http://www.nhlbi.nih.gov/health/prof/lung/asthma/practgde.htm) and to the EPR-Update 2002. The 1997 EPR-2 guidelines and EPR-Update 2002 were derived from
a consensus of leading asthma researchers from academic, clinical, federal and voluntary institutions and based on scientific evidence supported by the literature. The 10 key activities highlighted here correspond to the four recommended-as-essential components of asthma management: assessment and monitoring, control of factors contributing to asthma severity, pharmacotherapy and education for a partnership in care. The key clinical activities are not intended for acute or hospital management of patients with asthma but rather for the preventive aspects of managing asthma long term. This report was developed as a collaborative activity between CDC and the NAEPP.

PMID: 12696781 [PubMed - indexed for MEDLINE]

16: Oncol Nurs Forum 2003 May-Jun;30(3):377-9

Utilizing research to guide clinical practice in prostate cancer education.
Davison BJ.

Prostate Centre at Vancouver General Hospital in British Columbia, Canada.

PMID: 12725223 [PubMed - indexed for MEDLINE]

17: Oncol Nurs Forum 2003 May-Jun;30(3):361-2; author reply 362

Comment on:
Oncol Nurs Forum. 2003 Jan-Feb;30(1):115-22.

Nurses who provide genetics counseling need ongoing education and certification.
Mahon SM, Greco K.

Publication Types:
Comment
Letter

PMID: 12725218 [PubMed - indexed for MEDLINE]